

**Organization of Real Estate Professionals (OREP)**

6760 University Ave, Suite #250, San Diego, CA 92115

Phone: (888) 347-5273 \* Fax: (619) 704-0567 or (619) 269-3884 email: [info@orep.org](mailto:info@orep.org) \* [www.orep.org](http://www.orep.org)

David Brauner/David Brauner Insurance Services Calif. Lic. #0C89873

**OREP Home Inspectors Errors and Omissions Insurance  
Premium Indication Form**

**Remittance of this application and payment do not constitute coverage until a written confirmation/binder is issued from the Underwriter. Written confirmation may take up to 48 hours.**

Simply select desired coverages and submit this completed application with payment. **Please note:** your application for insurance will require additional underwriting if: 1) you have claim activity in the last five years, 2) you do not have a minimum of three years experience inspecting or in the related/construction trades or 3) your annual revenues are greater than \$F1 5,000. If you have claims and/or exceed the revenue threshold, please use the OREP Home Inspectors [Standard Application](#) for a quote (instead of this application). Quotes using the Standard Application take about 48 hours.

If you do environmental, code compliance or engineering inspections, please contact OREP for coverage options (888-347-5273).

**Your Information**

Name of Applicant (Principal): \_\_\_\_\_

Company Name: \_\_\_\_\_

Entity Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other (describe) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Website address: \_\_\_\_\_ Email: \_\_\_\_\_

**Qualifying Section**

Yes ( ) No ( ) Is the applicant owned, controlled or affiliated with or by another entity? (If yes, give details on a separate sheet, including name of entity, percentage owned/controlled, etc.)

**Experience**

1a. \_\_\_ Yrs. Experience (Total number of years inspecting and/or related activities such as the construction trades, remodeling, etc.)

**Claims History**

If you answer "Yes" to any of the following "claims history" questions please use the OREP Home Inspectors [Standard Application](#) and submit with details of the claim(s) on a separate sheet for underwriting.

1b. Yes ( ) No ( ) Has any claim or suit alleging a negligent act, error or breach of duty been brought against you or your firm within the past five (5) years?

1c. Yes ( ) No ( ) Do you have knowledge of any circumstances which could result in a claim or suit against you or your firm?

1d. Yes ( ) No ( ) Have you or anyone in your firm ever been criticized, censored, reprimanded or had any license suspended or revoked by any professional organization, regulatory agency or court?

**Revenues**

1e. Yes ( ) No ( ) Were your total annual revenues for the previous 12 months \$11 5,000 or less?

1f. Yes ( ) No ( ) Are your projected annual revenues for the next 12 months \$11 5,000 or less?

If **Yes** to 1e) and 1f): Please use **Rate Table** below when calculating your premium.

If **No** to either 1e) or 1f): Please use [Standard Application](#).

Note: Companies with revenues greater than \$175,000 in the previous or next 12 months please use the [Standard Application](#).

**Services**

1g. Yes ( ) No ( ) Do you provide architect/engineering services or any environmental services or inspections (other than mold or radon)? (If yes, please call OREP for coverage options: 888-347-5273.)

1h. Yes ( ) No ( ) Is more than 10% of your total revenues from inspections for mold? **This policy has an absolute mold exclusion.** (If yes, please use the **Standard Application**.)

1i. Yes ( ) No ( ) Do you do municipal code compliance inspections? If yes, please use the **Standard Application**.

1j. Yes ( ) No ( ) Is more than 25% of your total revenue from commercial inspections (residential/over 4 units and commercial/industrial/office)? If yes, please use the **Standard Application**.

1k. Yes ( ) No ( ) Do you perform inspections on property you own and/or have an interest in (including as a real estate agent/broker)? If yes, coverage can not be bound.

- 1l. Yes ( ) No ( ) Do you perform repair/remodel work and/or building services on properties you inspect?  
If yes, coverage can not be bound.
- 1m. Yes ( ) No ( ) Do you perform pest application services on properties you inspect? If yes, coverage can not be bound.
- 1n. Yes ( ) No ( ) Do you provide Construction Draw, or new construction inspection services? (If total revenues for any of these services are over 25%, please use the [Standard Application](#).)
- 1o. Yes ( ) No ( ) Is more than 10% of your total revenue from Radon Mitigation services? If yes, please use the **Standard Application. There is no coverage for radon mitigation.**
- 1p. Yes ( ) No ( ) Do you perform radon mitigation services on properties you inspect? If yes, there is no coverage for that inspection.

**Select Coverage Section**

This Policy provides coverage for all employees/inspectors working for the firm.

2a. \_\_\_\_\_ Total number of inspectors working for the firm (employees) including the principal. (Do not include independent contractors.) Please list names: \_\_\_\_\_

2b. \_\_\_\_\_ Total number of support staff (not inspectors).

**Independent Contractors (ICs)**

2c. Yes ( ) No ( ) Do you use IC's? (1099 employees) (If No, please skip to Additional Services area below.)

2d. Yes ( ) No ( ) If yes, do you require IC's to carry/provide proof of E&O insurance? (If yes, please skip to Additional Services area below.)

2e. If NO, and you do not require ICs/1099 employees to carry E&O insurance, they must be covered. If you qualify under [Rate Table](#) below (revenues under \$115,000), up to two ICs are covered at no additional charge under this policy. Additional ICs after two are \$50 each. If [Standard Application](#)

2f. \_\_\_\_\_ Total number of ICs to be covered under this policy. Please list all IC's to be covered:

**Subcontractors:** If you subcontract "overflow" inspections to other home inspectors/firms, please note that this policy covers you for work done by a subcontractor but there is no coverage for the subcontractor under this policy. It is recommended that you require any subcontractor doing work on your behalf to carry their own E&O insurance.

**Policy Coverage:** Policy includes Additional Insured for Agents and other Referring Parties, Franchisors, Prior Acts for qualified applicants, coverage for Commercial Inspections, Pest/Termite (not application), Radon, Lead Paint, Pool and **General Liability (GL) coverage.**

**Rate Table:** Companies with **revenues less than \$175,000** in the previous or next 12 months:

E&O COVERAGE LIMITS	ANNUAL PREMIUM \$2,500 DEDUCTIBLE	ANNUAL PREMIUM \$5,000 DEDUCTIBLE	General Liability	Defense Outside Limits (capped) (optional)
\$1,000,000/\$1,000,000	\$1,900	\$1,700	INCLUDED	+40%
\$500,000/\$500,000	\$1,700	\$1,550	INCLUDED	+40%
\$300,000/\$300,000	\$1,550	\$1,400	INCLUDED	NA
\$100,000/\$300,000	\$1,400	\$1,250	INCLUDED	NA

\* Companies with revenues of more than \$175,000 in the previous or next 12 months, or with claims in the last 5 years, please use [Standard Application](#).

**Additional Services**

- 2g. Yes ( ) No ( ) Is more than 15% of your total revenue from commercial inspections (residential/over 4 units and commercial/industrial/office)? If YES, a **\$250 surcharge** is required. (If more than 50%, please complete [Standard Application](#).)
- 2h. Yes ( ) No ( ) Is more than 15% of your total revenue from Pest inspections? If YES, a **\$250 surcharge** is required. If more than 50%, a **\$500 surcharge** is required.

**Coverage Selection:** \_\_\_\_\_ Policy Coverage Limit Selected from table above (required)  
 \_\_\_\_\_ Deductible selected from table above (required)

**Premium Calculation** (please complete)

- \$ \_\_\_\_\_ Premium Selected from table above (required)
- \$ \_\_\_\_\_ Coverage for Additional Independent Contractors using Table 1. (First two free and \$50 each after two)
- \$ \_\_\_\_\_ \$250 surcharge if more than 15% of total revenue is from commercial inspections. (Over 50% of revenue, please use the Standard Application.)
- \$ \_\_\_\_\_ \$250 surcharge if more than 15% of total revenue is from Pest inspections. (\$500 surcharge if more than 50% of total revenue is from Pest Inspections.)
- \$ \_\_\_\_\_ Optional Defense Outside the Limits (apply appropriate percentage to the total of all of the above premiums)
- \$ \_\_\_\_\_ **Total Premium Calculation** (Please use the OREP Payment Page to pay by check or credit card.)

**Coverage for Prior Acts– Important!**

(Prior acts is provided at no charge for qualified applicants with current coverage in force.)

- 2i. Yes ( ) No ( ) Do you currently have E&O coverage?
- 2j. \_\_\_\_\_ If YES, what is the policy expiration date? (**To qualify for prior acts coverage, you must include a copy of your current Declarations Page/proof of continuous coverage.**)
- 2k. If you do not have current insurance, what is the desired effective date of insurance coverage?  
 (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_ (Date must be no earlier than today's date.)

I am engaged in the inspection of real property and understand that there is no coverage for any other activity. A pre-inspection agreement has been signed by the customer. I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a *claims made* basis. I understand that coverage is not in force until I receive written confirmation from the Underwriter.

APPLICANT'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Submitting Application with Payment**  
**Payment Section** (please complete)

\$ \_\_\_\_\_ **Total Premium Calculation from above.**

**Instructions for Submitting this Application**

1. Please make sure application is completed and signed where required.
2. Please fax, email or mail the completed application with Total Amount Due using the OREP Payment Page.
3. **Please remember to include a copy of your pre-inspection agreement and a summary of your experience and training.** Coverage can not be bound without these items. If you have less than three years total experience inspecting and/or in the construction trades, please submit a detailed summary of your experience, training, education, licensing and certification *before submitting payment*.
4. **If you are currently insured, please include a copy of your existing Declarations Page for Prior Acts coverage.**
5. Confirmation of receipt of the package is typically same business day. If you don't receive confirmation, please follow up to verify receipt of your package by OREP.

**OREP**

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PAYMENT PAGE

Paying in full: to Bind Insurance, please return (fax/email/mail) completed application & payment using pay-by-check or credit card forms below. Please note: 25% of the premium is fully earned and non-refundable.

Total Policy Amount Due (from page 3) \$ \_\_\_\_\_
OREP Service/Processing Fee (annual) +\$150.00
Includes Benefits (Working RE Mag., savings/ discounts on approved education and more.) \$ \_\_\_\_\_ Total Insurance + OREP Fee

( ) Financing: To finance, please check box at left and return completed application without payment. A financing agreement will be forwarded to you.

Pay by Check Electronically

- 1. Make check payable to OREP for total amount due and attach to this form (below).
2. Sign the authorization below and fax or email application with form/check: (619) 704-0567 or (619) 269-3884 or info@orep.org.
3. Keep the physical check for your records. (Do not mail.)
4. Important: Checks drawn on a line of credit can not be processed.

Authorization: Signature authorizes OREP to charge bank account as per the attached check:

Your Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

-> If paying by check, please attach here using credit card space below and sign authorization above

Pay by Credit Card

Type of Card: ( ) MasterCard ( ) Visa
Amount Charged \$ \_\_\_\_\_
Cardholder's Name: \_\_\_\_\_
Billing Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Cardholder's Signature: \_\_\_\_\_ Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

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## **Additional Information for Home Inspectors in Nebraska**

-Nebraska currently has no required State Test.

-NAHI info on Nebraska Home Inspector Requirements:

<http://www.nahi.org/legislative/legislative-map/nebraska/>

-Greater Omaha Chapter of ASHI: <http://www.ashiomaha.com/>

-InterNACHI list of Certified Home Inspectors in Nebraska: <http://www.nachi.org/NE>

Cities in Nebraska: Omaha, NE, Lincoln, NE, Bellevue, NE, Grand Island, NE, Kearney, NE, Fremont, NE, North Platte, NE, Norfolk, NE, Hastings, NE, Columbus, NE, Papillion, NE, La Vista, NE, Scottsbluff, NE, Beatrice, NE, South Sioux City, NE

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